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IN THE  
UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Konstantine Iourcha et al.

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SERIAL NO.: 09/371,972

JUL 27 2001

FILING DATE: August 10, 1999

Technology Center 2600

TITLE: System and Method for Rasterizing Primitives Using  
Direct Interpolation

EXAMINER: Motilewa A. Good-Johnson

ART UNIT NO.: 2672

ATTY.DKT.NO.: PA1774 US (as amended)

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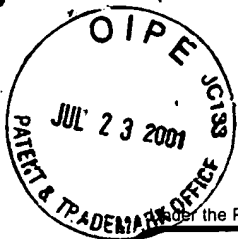
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**Response to Restriction Requirement**

Sir:

In response to the Office Action mailed May 4, 2001 (paper #8), Applicants submit the following amendments and remarks.



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PTO/SB/21 (08-00)

Please type a plus sign (+) inside this box → ☐Approved for use through 10/31/2002. OMB 0651-0031  
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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Application Number	09/371,972
Filing Date	August 10, 1999
First Named Inventor	lourcha et al.
Group Art Unit	2672
Examiner Name	Motilewa A. Good-Johnson
Attorney Docket Number	PA1774US (as amended)

Total Number of Pages in This Submission

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Postcard
Remarks Total page number does not include postcard and check(s), if applicable.		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Carr & Ferrell, LLP Cust. No. 22830
Signature	<i>Susan Yee</i>
Date	7/19/01

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